Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04-03-2014	Street:	CR 450 N / CR 650 E	
Incident #:	14ISPC002750	Apt, Lot, Room #:		
County:	GIBSON	City:	HAZLETON, IN 47640	
Type of Lab	oratory Seizure (check one)	Seizure Location	cure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
Red Phos	phorous/Iodine Reaction(s): OPEN phorous/Iodine Reaction(s): poric Acid Gas Generator(s): le Solvents: active Metal (Lithium):	Corros	 ☐ Anhydrous Ammonia: ☐ Corrosive Acid: OPEN ☐ Corrosive Base: OPEN ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): 	
Child under age 18 discovered (check appropriate)				
No	(number present) not present but evidence they reside	unclean unclean Estimated occurring:	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	<u>N/A</u>	Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: WHITE RIVER TWP tment County: GIBSON CO HD of Child Services Hotline: dcshotlinere		2-386-8027 Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetam Officer: <u>RYAN M. JOHNSON</u> Phone		ontact	
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.